

Smith

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027478

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 150

FILED JUL 18 1962

Primary Registration District No. 4239

Registrar's No. 71

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Lee's Summit

Length of stay in 1b

10 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 504 Watson Rd.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR

TOWN

Lee's Summit

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

504 Watson Rd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Thurman

Middle

E.

Last

Smith

4. DATE

OF

DEATH

July 16, 1962

Month

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

April 30, 1920

9. AGE (last birthday)

42

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Milk

11. BIRTHPLACE (City and state or country)

Wright Co., Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thurman E. Smith

13b. MOTHER'S MAIDEN NAME

Bonnie May Nettles

14. NAME OF HUSBAND OR WIFE

Charlotte Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW II & Korean

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Charlotte Smith, Lee's Summit, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

5 mins.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Dis.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
s.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/31/60 to 7/16/62 and last saw him alive on 7/16/62
Death occurred at 12 50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D. D. D. Lee's Summit, Mo.

22b. ADDRESS

22c. DATE SIGNED

7/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

July 18, 1962

23c. NAME OF CEMETERY OR CREMATORY

Garden City Cemetery

23d. LOCATION (City, town, or county)

Garden City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Langsford Funeral Home, Lee's Summit

25. DATE RECD. BY LOCAL REG.

7-16-1962

26. REGISTRAR'S SIGNATURE

N. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

1962 JUL 19

SEP 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed N. B. Langford Jr

Licensed Embalmer No. 4962

P. O. Address Lee's Summit
Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.